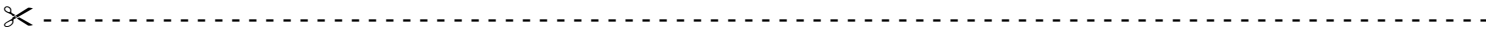


2016 Residential Bulk Waste Program



2016 RESIDENTIAL BULK WASTE COLLECTION REGISTRATION FORM

Resident’s Name (please print): _____ Ward _____

Resident’s Address: _____

☐

Check here if your home is located on a corner and you will be placing material on the side street and not in front of your home address. Please indicate the name of the side street:

Daytime Telephone: _____ e-mail: _____

Number of permits requested (one permit per 750 pounds of waste materials): _____

Amount enclosed (\$80 per permit) _____ (Important: The fee is non-refundable.)

My signature below indicates that I agree to comply with the bulk waste collection guidelines contained herein and posted on the Town’s website, www.westfieldnj.gov.

Resident Signature: _____ Date: _____

For office use:

Date Received: _____

Payment Amount: \$ _____

Cash or Check

If check, Check # _____

Permit(s) Number(s) _____

